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October 26, 2005

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

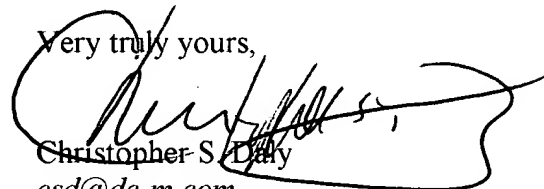
RE: U.S. Patent of Ananthan K. Pillai, et al.  
Entitled: METHOD AND APPARATUS FOR COMPUTING FILE  
STORAGE ELEMENTS FOR BACKUP AND RESTORE  
Issued on: June 28, 2005  
Patent No.: 6,912,630 B1  
EMC Ref. No.: EMC-00-018  
Our Ref. No.: EMC-005PUS

Dear Sirs:

Enclosed are two completed copies of Form PTO/SB/44. It is requested that a Certificate of Correction be issued to correct the listed mistakes in the above-identified patent.

Also enclosed is a check for \$100.00 to cover the cost of the Certificate of Correction in accordance with 37 C.F.R. §1.20(a). If there are any additional fees, please charge Deposit Account 50-0845.

Very truly yours,

  
Christopher S. Daly  
csd@dc-m.com

CSD/mhw  
Enclosures  
18416

10/31/2005 CNGUYEN 00000007 6912630

01 FC:1811

100.00 DP

Certificate  
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of Correction

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(Also Form PTO-1050)

## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO : 6,912,630 <sup>B1</sup>  
DATED : June 28, 2005  
INVENTOR(S) : Ananthan K. Pillai et al.

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 1, Line 45, delete "in manner" and replace with --in a manner--.

Column 7, Line 57, delete "otherwise stated the" and replace with --otherwise stated, the--.

Column 8, Line 2, delete "backup" and replace with --backed up--.

Column 8, line 21, delete "pattern for example." and replace with --pattern, for example.--

Column 10, line 36, delete "loop in which" and replace with --loop which--.

Column 11, line 34, delete "piece 94." and replace with --piece 94).--

Column 11, line 57, delete Step 68 FIG. 6." and replace with --Step 68, FIG. 6.--

Column 12, line 42, delete "extents." and replace with --extents).--

MAILING ADDRESS OF SENDER:

DALY, CROWLEY, MOFFORD & DURKEE, LLP  
354A Turnpike Street, Suite 301A  
Canton, MA 02021-2714

PATENT NO. 6,912,630

No. of additional copies

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Burden Hour Statement: This form is estimated to take 1.0 hour to complete. Time will vary depending upon the needs of the individual case. Any comment on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

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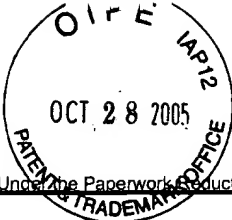
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Patent Number	6,912,630 <i>B1</i>	
	Issue Date	June 28, 2005	
	First Named Inventor	Ananthan K. Pillai	
	Art Unit	2188	
	Examiner Name	Mehdi Namazi	
Total Number of Pages in This Submission	5	Attorney Docket Number	EMC-005PUS

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply (Preliminary)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Notice, Brief, Reply Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Return Postcard;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	PTO/SB/44 Certificate of Correction (2 copies);
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	Letter to Commissioner
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	In the event a petition for extension of time is required by this paper and not otherwise provided, such petition is hereby made and authorization is provided herewith to charge deposit account No. 50-0845 for the cost of such extension.	
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Daly, Crowley, Mofford & Durkee, LLP USPTO Customer No. 051576	
Signature		
Printed name	Christopher S. Daly	
Date	Reg. No.	37,303
	<i>26 OCT 05</i>	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Mary H. White	Date <i>26 Oct 2005</i>

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

OCT 28 2005  
PATENT & TRADEMARK OFFICE

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**100**

### Complete if Known

Patent Number	6,912,630 <i>B1</i>
Issue Date	June 28, 2005
First Named Inventor	Ananthan K. Pillai
Examiner Name	Mehdi Namazi
Art Unit	2188
Attorney Docket No.	EMC-005PUS

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: **50-0845** Deposit Account Name: **Daly, Crowley, Mofford & Durkee, LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP = <b>0</b>	x		<b>0</b>			
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 3 or HP = <b>0</b>	x		<b>0</b>			
HP = highest number of independent claims paid for, if greater than 3						

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = <b>0</b>	/ 50 = <b>0</b>	(round up to a whole number) x <b>0</b>	<b>0</b>	<b>0</b>

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	<u>Fees Paid (\$)</u>
Other: Certificate of Correction	<b>0</b>
	<b>100</b>

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,303	Telephone	781.401.9988 ext. 11
Name (Print/Type)	Christopher S. Daly	Date	26 OCT 05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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